

## DISCLOSURE SUMMARY PAGE

AUG 7 2005

FORM

DR-2

(Rev. 01/98)

DISCLOSURE  
REPORT

## For Office Use Only

Comm. # 13456

Indexed DM

Audited

Computer DM

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends of Bill Lynn

IMPORTANT: Indicate type of committee you are reporting for: 4

- (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate  
 (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee  
 (8) Support Slate of Candidates

SIGNATURE OF TREASURER (or person filing this report)

563-386-5463

TELEPHONE

DATE SIGNED

3 August 2005

Routine Penalties Due For Late Filed Reports Range from \$20 to \$800

## SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:

I AM FILING A final REPORT FOR AN/A (1) ELECTION / (2) NON-ELECTION YEAR.  
 (report date) Indicate one 1

☐ CHECK IF AMENDMENT TO REPORT DATED \_\_\_\_\_

☒ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.  
 (You must continue to file reports until a Notice of Dissolution is filed.)

Local Committees, enter Date of Election

8 November 2005

County &amp; Local Committees, enter County in which Election is held

Scott

## STATEMENT OF CASH ON HAND

CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)

\$

80.23

## ADD TOTAL MONEY TAKEN IN THIS PERIOD

Schedule A: Cash Contributions total (Attach Schedule A)

861.00

Schedule F: Loans Received total (Attach Schedule F)

0

Schedule H: Total Sales of Campaign Property (Attach Schedule H)

0

(Schedule H applies to Candidates' Committees Only)

SUB-TOTAL.....\$

941.23

## SUBTRACT TOTAL MONEY SPENT THIS PERIOD

Schedule B: Expenditures total (Attach Schedule B)

(.15 Auditor Adj.)

941.08

Schedule F: Loan Repayments total (Attach Schedule F)

0

CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)

\$

#0

UNPAID BILLS (From Schedule D - Attach Schedule D)

\$

0

IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)

\$

456.81

OUTSTANDING LOANS (From Schedule F - Attach Schedule F)

\$

0

## CANDIDATE COMMITTEES ONLY:

CONSULTANT BREAKDOWN (Schedule G Attached?)

YES NO

VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

\$

0

# CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

**A**

(Rev. 06/97)

**MONETARY  
RECEIPTS**

☐ CHECK THIS BOX IF  
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends of B. H. Lynn (Scott Co)

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
1-8-2005	ID# CK#	Jane Nott 2417 Iowa Street Davenport IA 52803	—	\$ 15.00	
1-4-2005	ID# CK#	Lois Larkin 906 Mississippi Avenue Davenport IA 52803	—	25.00	
1-4-2005	ID# CK#	Alberto Craft 414 E 14th Street Davenport IA 52803	—	10.00	
1-3-2005	ID# CK#	J.C. Deek 2116 Main St Davenport IA 52803	—	25.00	
1-6-2005	ID# CK#	Janet Alex 608 Kirkwood Blvd Davenport IA 52803	—	10.00	
1-8-2005	ID# CK#	Patricia Sturms 2123 Eastern Ave Davenport IA 52803	—	5.00	✓
1-4-2005	ID# CK#	Louise Faris 512 E 14th St Davenport IA 52803	—	10.00	
1-8-2005	ID# CK#	Marilyn Rotundo 803 W 16th St Davenport IA 52804	—	10.00	✓
1-8-2005	ID# CK#	Johanna Graller 1019 W 15th St Davenport IA 52804	—	5.00	✓
1-8-2005	ID# CK#	Marian Jabens 2220 Grand Ave Davenport IA 52803	—	5.00	✓

SUB-TOTAL

\$ 120.00

TOTAL (If last page of this  
schedule)

\$

\* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 4  
(for Schedule A)

**CONTRIBUTIONS – MONEY TAKEN IN**  
(Including candidate's personal funds)

<b>A</b> (Rev. 06/97)	<b>MONETARY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends of Bill Lynn (Scott Co.)

STATE CANDIDATES NOTE: If a CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

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DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
1-8-2005	ID# CK#	Unterschied, Carl L	—	\$ 79.00	✓
1-10-2005	ID# CK#	Green Schmidt 2636 Jersey Ridge Road Davenport, IA 52803	—	10.00	
1-13-2005	ID# CK#	Patricia Schmidt 2501 Bridge St Davenport IA 52803	—	20.00	
1-15-2005	ID# CK#	Robert Brock 2838 Jersey Ridge Road D'port 52803	—	20.00	
1-14-2005	ID# CK#	Carl Dailey 1612 Prospekt Terr D'port 52803	—	10.00	
1-19-2005	ID# CK#	Ellsworth James 250 E. Locust St D'port 52803	—	10.00	
2-25-2005	ID# CK#	James Wagner 1005 Arlington Ct D'port 52803	—	10.00	
2-25-2005	ID# CK#	Mildred Dain 1916 Virginia Ave D'port 52803	—	5.00	
	ID# CK#	Dan Hubbell 3927 Parkdale Dr Bettendorf IA 52722	—	50.00	
	ID# CK#	Mike Shoen 219 S Kensington Pineville, IA 52722	—	50.00	
SUB-TOTAL				\$ 264.00	
TOTAL (If last page of this schedule)				\$	

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Page 2 of 4  
(for Schedule A)

**CONTRIBUTIONS -- MONEY TAKEN IN**  
(Including candidate's personal funds)

**A**  
(Rev. 08/97) **MONETARY RECEIPTS**

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends of Bill Lynn (Scott Co.)

☐ CHECK THIS BOX IF AMENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
	ID# CK#	Woody Perkins 128 E. Rusholme St Davenport IA 52803	—	\$ 25.00	
	ID# CK#	Robert D. Karwath 2303 E 28th Street Davenport 52803	—	10.00	
	ID# CK#	Joan C. Bookholder 1233 E. Down Ct. Davenport IA 52803	—	5.00	
	ID# CK#	Janet Ruth Allen 608 Kirkwood Blvd 52803	—	5.00	
	ID# CK#	Marian E. Jelenis 2220 Grand Avenue 52803	—	10.00	
	ID# CK#	Mary Sprick 1817 E 16th Street Davenport 52803	—	10.00	
	ID# CK#	<del>REDACTED</del> Unidentified	—	122.00	
	ID# CK#	Joelene Mather 2031 Farran St Davenport IA 52803	—	25.00	
	ID# CK#	Patricia Schmidt 2501 Bridge Avenue Davenport IA 52803	—	20.00	
	ID# CK#	Marilyn Rotundo 803 W 16th Street Davenport IA 52804	—	10.00	
SUB-TOTAL				\$ 242.00	
TOTAL (if last page of this schedule)				\$	

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Page 3 of 4  
(for Schedule A)

**CONTRIBUTIONS -- MONEY TAKEN IN**  
(Including candidate's personal funds)

<b>A</b> (Rev. 06/97)	<b>MONETARY RECEIPTS</b>
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND- RAISER INCOME
	ID# CK#	Tony LaHood	—	\$ 150.00	
	ID# CK#	unitemized	—	50.00	
	ID# CK#	Donald Schreiber 1623 E High St Davenport IA 52803	—	20.00	
	ID# CK#	Gretchen Dietz 2511 Brady St Davenport IA 52803	—	10.00	
	ID# CK#	unitemized	—	5.00	
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				
	ID# CK#				

SUB-TOTAL

\$ 235.00

TOTAL (if last page of this  
schedule)

\$ 861.00

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Page 4 of 4  
(for Schedule A)

**EXPENDITURES – MONEY SPENT FROM COMMITTEE ACCOUNT**

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE <b>B</b> (Rev. 09/97)	MONETARY EXPENDITURES
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends of B. H. Lynn (Scott Co.)

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1/10/2005	ID# CK# 1010	M. d west Mail works 2136 12th street Rockford IL 61104	balance due on 4th Newsletter	\$ 9.33
3/24/2005	ID# CK# 1011	Printing Plus 1630 Washington St. Davenport IA 52804	Newsletter printing	74.25
3/29/2005	ID# CK# 1012	M. d west Mail works 2136 12th street Rockford IL 61104	deposit on April 05 Newsletter	275.00
4/9/05	ID# CK# 1013	M. d west Mail works 2136 12th st Rockford IL 61104	balance due on Newsletter	84.33
7/19/05	ID# CK# 1014	Printing Plus 1630 Washing St D'port <del>Rockford IL</del> 52804	Newsletter Printing	174.41 <del>318.9</del>
7/21/05	ID# CK# 1015	M. d west Mail works 2136 12th St Rockford IL	deposit on July 05 Newsletter	300.00
8/1/2005	ID# CK# 1016	M. d west Mail works 2136 12th street Rockford IL 61104	part. al payment of balance on newsletter	23.76
	ID# CK#			
SUB-TOTAL				\$ 941.08
TOTAL (If last page of this schedule)				\$ <del>442.97</del>

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(I).)

COMMITTEE NAME (Must be same as on Statement of Organization)

Friends of Bill Lynn (Scott)

SCHEDULE

E

(Rev. 06/97)

IN KIND

CONTRIBUTIONS

☐ CHECK THIS BOX IF AMENDING FORM

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE * (If applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	✓ IF FOR FUND-RAISER CONTRIBUTION
3/20/05	Richard Horowitz 810 W 57th Street Davenport IA 52806	—	newsletter paper	\$ 30.79	
8/2/05	Bill Lynn	Self	Final residual balance on last newsletter	26.04	
8/3/05	Bill Lynn	Self	Loan forgiveness	400.00	

SUB-TOTAL

\$

TOTAL (If last  
page of this  
schedule)

\$

456.81  
~~30.79~~

\*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1  
(for Schedule E)

COMMITTEE NAME (Must be same as on Statement of Organization)  
Friends of Bill Lynn (Scott)

NOTE: This schedule reports money loaned to the committee which is deposited in the committee account.

TOTAL UNPAID LOANS FROM LAST REPORTING PERIOD \$ 400.00

SCHEDULE

**F**  
 (Rev. 08/96)

**LOANS  
 RECEIVED  
 & REPAID**

☐ CHECK THIS BOX IF  
 AMENDING FORM

**PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD**

(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
			\$

TOTAL (PART I) \$ 0

**PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD**

(Loans forgiven must be reported on Schedule E -- In-kind Contributions)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$

TOTAL CASH REPAYMENTS (PART II) \$ 0

From Schedule E -- TOTAL LOANS FORGIVEN

\$ 400.00

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

\$ ~~400.00~~

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